

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S97621	(4)
1. Corporation Name ALLEN'S SOD SERVICE, INC.	

Principal Place of Business P. O. BOX 1439 ARCADIA FL 33821	Mailing Address P. O. BOX 1439 ARCADIA FL 33821
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip
24 Country	25 Country

9. Name and Address of Current Registered Agent HEEKIN, JOHN CHARLES 21202 OLEAN BLVD. SUITE C-2 PORT CHARLOTTE FL 33952	
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APPROVED
AND
FILED
1995 MAY -1 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001491781
-05/17/95--01138--018
****225.00 ****225.00
DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/02/1991	3a. Date of Last Report 04/06/1994
4. FEI Number 65-0196216	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes ☒ Yes ☐ No	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	WEEKLEY, ALLEN	1.2 NAME	
STREET ADDRESS	P. O. BOX 1694 N/A	1.3 STREET ADDRESS	
CITY - ST - ZIP	ARCADIA FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	WEEKLEY, MATTHEW	2.2 NAME	
STREET ADDRESS	P. O. BOX 1694 N/A	2.3 STREET ADDRESS	
CITY - ST - ZIP	ARCADIA FL	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	WEEKLEY, RENA	3.2 NAME	
STREET ADDRESS	P. O. BOX 1694 N/A	3.3 STREET ADDRESS	
CITY - ST - ZIP	ARCADIA FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with full address.

SIGNATURE: *Allen D. Weekly* **Allen D. Weekly** 5-5-95
Signature and typed or printed name of signing officer or director Date
904-245-8971